

National Emergency Medical Services Advisory Council

Education Agenda for the Future: A Systems Approach
Major Questions for Consideration, Proposed Answers for Discussion

At the August 29, 2012 meeting of the National Emergency Medical Services Advisory Council (NEMSAC), an “Education Agenda Workgroup” was empaneled by the Chair, Aaron Reinert, and charged with the task of reviewing the proceedings of the March 12, 2012 Roundtable on the *EMS Education Agenda for the Future: A Systems Approach* (the *Education Agenda*), and answering a series of questions proposed by the NEMSAC at its May 30, 2012 meeting regarding a potential revision of the *Education Agenda*.

After due consideration, conducted by the Workgroup by teleconference on January 22, 2013, and in person meeting on January 29, 2013, and by the NEMSAC at its meetings of January 30, 2013, and May 16-17, 2013, it was determined it would be inappropriate to recommend major changes to the *Education Agenda* at the present time, since a number of emerging issues had come to the fore since publication of the foundational document, the *EMS Agenda for the Future* (the *Future Agenda*), that could alter the fundamental structure and function of the EMS professions—issues that could necessitate revision of the *Future Agenda* before any changes in the *Education Agenda* could be contemplated. The issues cited include, but are not necessarily limited to, the impact of the Patient Protection and Affordable Care Act (PPACA) on EMS, as well as the evolving roles of specialty care transport, provider specialty certification, aeromedical services, disaster paramedicine, community paramedicine and public health, physician extenders, tactical support, and patient and provider safety in EMS. However, two of these issues, disaster paramedicine and patient and provider safety, were deemed to be of such import, given their impact on public health and provider wellbeing, that they needed to be emphasized within the scope of EMS education set forth in the *Education Agenda* as soon as possible, and could not wait for the lengthy process of revising the *Future Agenda* to be completed.

It was additionally determined that incomplete understanding of the original intent of the *Education Agenda*, and insufficient assessment of the current state of implementation of the *Education Agenda*, also weighed against major changes in the document at present.

As such, the NEMSAC recommends a triphasic approach to review and revision of the *Education Agenda* at this time. First, the NEMSAC recommends that a process be initiated as soon as practicable to review and revise the *Future Agenda*. Second, the NEMSAC recommends that the minor changes to the *Education Agenda* cited above should be made as soon as possible, based upon expeditious review by the NEMSAC. Third, the NEMSAC recommends that efforts should be made to reeducate the national EMS communities of interest regarding the history and intent of the *Education Agenda*.

In addition, the NEMSAC has also provided detailed answers to the specific questions on the *Education Agenda* it proposed at its August 29, 2012 meeting, based on review of the proceedings of the March 28, 2012 NEMSAC Roundtable on the *Education Agenda*.

1) Should the *Education Agenda* be revised or updated or both?

The statements made by those participating in the March 28, 2012 NEMSAC Roundtable on the *Education Agenda* collectively suggest that it should be updated, but not revised. Most participants expressed the sentiment that insufficient time had elapsed between publication of the *Education Agenda* and the documents it called forth, the *National EMS Core Content* (the *Content*), the *National EMS Scope of Practice* (the *Scope*), and the *National EMS Education Standards* (the *Standards*), to permit meaningful analysis of their impact at this time. Therefore, wholesale revision did not seem to be warranted by those present, since insufficient data are currently available to substantiate such revision. As previously stated above, the NEMSAC agrees with these sentiments. However, the NEMSAC also believes that systematic assessment of the current state of implementation of the *Education Agenda* is needed, since unforeseen consequences of its implementation may have arisen in some locales. This could be undertaken by national organizations representing EMS physicians, regulators, educators, providers, and managers, and the results of their efforts used by the NEMSAC to identify any gaps in implementation.

2) Are there gaps in the document compared to current practice? Is there a need to expand the document?

While there may be significant gaps in the document compared to current practice, there are no known gaps between the document and the *Scope* or the *Standards*, neither of which directly addresses any of the emerging issues cited above. Once again, a limited update of the *Education Agenda* could emphasize the importance of education in disaster paramedicine and patient and provider safety. As soon as possible after such an update, the *Content*, the *Scope*, and the *Standards* should be correspondingly updated as needed.

3) Are there barriers to implementing the *Education Agenda* that should be studied and addressed (ceilings, nomenclature, etc.)?

The main barrier to full implementation of the current *Education Agenda* continues to be imperfect consensus within the national EMS community regarding the role of national EMS education program accreditation and national EMS individual provider certification. Although substantial progress has been made toward their adoption in most states and territories, and there is broad support for the concept of third party education program accreditation and individual provider certification, the best mechanisms to achieve these goals remain the subject of debate in some locales, particularly for educational program accreditation below the Paramedic level. The issues involved in this debate are complex, and will likely require focused discussion among key stakeholder groups. The efforts of currently existing national EMS program accreditation and EMS provider certification bodies toward full inclusivity of all EMS provider sectors may facilitate this discussion. Ceilings and nomenclature could also be impeding full implementation of the *Education Agenda* in some locales, but again, such issues could be studied by national organizations representing EMS physicians, regulators, educators, providers, and managers, and the results of their efforts used by the NEMSAC to address any such barriers perceived.

4) Are there changes to the environment that would necessitate a revision of the *Education Agenda*? What is the process by which each of the components are revised?

While the current economic climate poses major challenges to the EMS community, and the steadily increasing numbers of natural and human made disasters pose grave threats to individual and public health, these should not by themselves lead to revision of the current *Education Agenda*. Rather, it should be revised based only on the contemporary needs of the national EMS community. Since the collective sentiment of those present at the March 28, 2012 NEMSAC Roundtable on the *Education Agenda*, the Workgroup, and the NEMSAC, was that only a limited update, not a wholesale revision, was needed, and since the time and effort required to make the minor changes cited above would be minimal, the NEMSAC, based upon expeditious review by the Workgroup, could assume primary responsibility for recommending these changes to the *Education Agenda* to the NHTSA. Corresponding changes to the *Content*, the *Scope*, and the *Standards*, if needed, should follow as soon as possible thereafter, by their respective communities of interest.

5) How do we keep that process sustainable?

Given the vital role of EMS in timely and effective resuscitation from cardiorespiratory failure and arrest, which necessitates periodic revision of the evidence-based *Consensus on Science the Treatment Recommendations* (the *CoSTR*) of the International Liaison Committee on Resuscitation (ILCOR), and the resulting *Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care* (the *Guidelines*) of the American Heart Association (AHA) Emergency Cardiovascular Care (ECC) Committee, the NHTSA could convene roundtables or workgroups to address the need for potential changes in the *Education Agenda*, the *Content*, the *Scope*, and the *Standards*, as needed, as soon as possible after each periodic revision of the AHA ECC *Guidelines* is published. The NEMSAC should be fully involved in advising the NHTSA as the revision process is created. If a need for potential changes to any of the *Education Agenda* documents is identified, including but not limited to those necessitated by either the *Guidelines* or the “Evidence-Based Guidelines for Prehospital Emergency Care” project sponsored by the NHTSA, the NHTSA should take the lead in convening, or causing to be convened, a broadly representative group of subject matter experts to recommend these changes.

6) Should the *Education Agenda* review process include a comparison analysis of EMS systems internationally, to include a) scope of practice, b) regulatory structure, c) education standards, d) others?

Yes. This is particularly true of EMS systems in North America from outside the United States, since in the event of a truly catastrophic disaster, North American EMS personnel from outside the United States might be called upon to assist their American colleagues. However, comparative analysis of EMS systems internationally may provide valuable insights regarding the structure and function of EMS professions in the United States, particularly with respect to the proposed revision of the *Future Agenda*. This analysis should be considered by the NHTSA as a priority topic for a future EMS white paper.

7) What is the scientific basis of the current *Agenda* and evidence for future revisions?

The scientific basis for the current *Education Agenda* is well described in its introduction. Future revisions or updates to this document should be evidence-based, and follow upon advances in the science of EMS education. Experts in EMS education should therefore be asked to participate any time a full revision of the *Education Agenda* is contemplated. As set forth above, evidence based processes for revision or update of the *Content*, the *Scope*, and the *Standards* should follow immediately upon revision or update of the *Education Agenda*. Given the increasing role that medical simulation is taking in health education, the NHTSA should consider convening a panel, or contract with a recognized expert in the field, to examine the potential role of medical simulation in EMS education.

8) What would be the impact of proposed revisions? State law and regulation? Economic impact? Impact to localities, particularly rural areas?

Although difficult to say with certainty, the impact of a limited update to the *Education Agenda* on state law and regulation is hoped to be minimal. The same is true regarding economic impact. Those participating in the March 28, 2012 NEMSAC Roundtable on the *Education Agenda* felt that only limited changes to the document could be justified at the present time, and further expressed their sentiment that any such changes should be considered in light of potential effects on state law and regulation and the economic impact on EMS provider agencies. Still, education of EMS personnel in out-of-hospital disaster medicine and patient and provider safety is clearly needed, and must be offered. The impact on localities, especially rural areas, must be seen in this same context. Recent experience with both natural and human made disasters confirms that disasters can afflict urban, suburban, rural, and frontier areas alike, while a culture of safety is paramount.

9) What are the most appropriate immediate next steps for the NHTSA?

The most appropriate short term next steps for the NHTSA are to support the proposed limited updates of the *Education Agenda*, *Content*, *Scope*, and *Standards* as described above. Each of the updates should be reviewed and endorsed by the NEMSAC and the national communities of interest, prior to consideration and adoption by the NHTSA. The most appropriate medium term next steps for the NHTSA are to initiate a process to review and revise the *Future Agenda*. An EMS white paper charged with comparative analysis of EMS systems internationally should therefore receive priority consideration.

10) What are the most appropriate immediate steps for the FICEMS?

The most appropriate immediate next steps for the FICEMS are to work to ensure that all participating Federal agencies endorse the *Education Agenda* and its resulting documents, and to implement their recommendations with all deliberate speed if not yet doing so.



National Emergency Medical Services Advisory Council

United States Department of Transportation

April 5, 2013

**Aarron
Reinert**

Chair

To the EMS Community:

In late 2011 the National Highway Traffic Safety Administration (NHTSA) asked the National EMS Advisory Council (NEMSAC) to think strategically about the future of EMS education throughout the country and consider how revisions to the [*EMS Education Agenda for the Future: A Systems Approach*](#) may be implemented over the next several years.

The NEMSAC held a roundtable meeting in March 2012 to hear directly from the public on how the Education Agenda has impacted them and what the future of the agenda and EMS education should look like.

Our Education Workgroup then formulated ten questions which arose from that meeting and has been working to answer them. At our last meeting in January of this year, the NEMSAC deliberated a first draft of answers to those questions and voted to gather more input from the public before adopting them.

Today I ask for your assistance as we continue to refine our answers and provide NHTSA and the Federal Interagency Committee on EMS (FICEMS) with the best advice and guidance. Please read the Education Agenda and the attached draft document and provide comments to NEMSAC@dot.gov by May 10, 2013.

Our next in-person meeting will be May 16-17, 2013 in Washington, DC where we will discuss your comments and refine our guidance.

Thank you very much for your consideration and on behalf of the NEMSAC, we look forward to hearing from you.

A handwritten signature in blue ink, appearing to read "A. Reinert", is positioned above the printed name and title.

Aarron Reinert
Chair

The National EMS Advisory Council

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From: [andy.gienapp](#)
To: [NHTSA NEMSAC \(NHTSA\)](#)
Subject: Comments on NEMSAC Questions/Answers re: Education Agenda for the Future
Date: Wednesday, April 24, 2013 11:48:15 AM

Thank you for the opportunity to comment. Below are the questions with my comments to NEMSAC's proposed responses. Feel free to contact me if I can be of further assistance.

1) Should the *Education Agenda* be revised or updated or both?

I concur with NEMSAC's position. Although the *EMS Agenda for the Future* itself is 17 years old, states are just now in the process of implementing changes called for in the *Education Agenda*. We need more time to work through the process, and some nationwide perspective would be useful.

2) Are there gaps in the document compared to current practice? Is there a need to expand the document?

I concur with NEMSAC's position.

3) Are there barriers to implementing the *Education Agenda* that should be studied and addressed (ceilings, nomenclature, etc.)?

I also concur with this response. The issue of "how" to accredit education below the paramedic levels is an enormous challenge. Presumably, this is a responsibility of the state regulatory offices (to include oversight of CoAEMSP accredited paramedic programs). However, it is evident that the states are inconsistent in their regulation of these programs. I would submit that a new or greater emphasis be placed on the state EMS offices to understand that they essentially "accredit" these programs. That means that they essentially carry the same burden of ethical responsibility as their state's Department of Education. That is a problem when state offices continue to be understaffed and underfunded. Legislatures need to hear the message that unlike most other licensing bodies in their state (nursing, medicine, allied health, etc.) in most cases, state EMS offices have oversight of an entire *system* of education. There is a persistent failure in the understanding of this concept within the EMS community and the state at large. These are not simple "courses" they are "programs of education".

4) Are there changes to the environment that would necessitate a revision of the *Education Agenda*? What is the process by which each of the components are revised?

I concur with NEMSAC's position.

5) How do we keep that process sustainable?

I concur with NEMSAC's position. Any future discussions need to include several representatives from rural states where education remains industry based rather than in the secondary school systems or community colleges.

6) Should the *Education Agenda* review process include a comparison analysis of EMS systems internationally, to include a) scope of practice, b) regulatory structure, c) education standards, d) others?

This would be interesting to see, but I'm not sure how relevant the information would be. It would be a good project, but I don't see it as a high priority for NEMSAC.

7) What is the scientific basis of the current *Agenda* and evidence for future revisions?

Again, I don't disagree with the position, but call upon NEMSAC to get input from the rural states. Education does not work the same in these states as in other areas.

8) What would be the impact of proposed revisions? State law and regulation? Economic impact? Impact to localities, particularly rural areas?

I concur with NEMSAC's position.

9) What are the most appropriate immediate next steps for the NHTSA?

I concur with the remaining caveat regarding the importance of an international comparison. I don't know that it is necessary to address far more fundamental issues.

10) What are the most appropriate immediate steps for the FICEMS?

I concur. As the states move to fully implement the *Education Agenda*, endorsement by Federal agencies as well as other non-Federal (IAFC, IAFF, industry, etc.) is paramount to removing barriers.

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From: [Blevins, David S](#)
To: [NHTSA NEMSAC \(NHTSA\)](#)
Subject: EMS Education Agenda
Date: Tuesday, April 16, 2013 11:15:58 AM
Attachments: [image001.png](#)

Chair Reinert and distinguished member of the National EMS Advisory Council:

I understand that your committee will be meeting again in the middle of May 2013, and on that agenda will be discussion of whether or not to conduct a wholesale revision of the EMS Education Agenda, or to conduct an update.

In reading the ten (10) questions posed by the NEMSAC, I too believe that the agenda should be reviewed and revised in an expeditious manner, and create a plan for future wholesale revision of the document. Currently we are standing 3 years from the end of a document that was written in a time much different than we are currently in. Our current economic, political, and educational standpoint is much different than the late 1990's early 2000's when these documents were written.

In determining how to document will be updates/revised, we must also look at where we were when the document was written. As mentioned above, the educational standpoints are drastically different and we are looking at a different mentality of student, various delivery points, and changes in academia. Some of that has been brought about by a change in the economic and political landscape of our local, state, and national counterparts.

I think that we should quickly review and update the current agenda, and look at the next 5 years. Strategic planning should be a vital aspect to these documents and while 10 years is a tremendous period of time, we should include benchmarks at the 1 year, 5 year and 8 year marks to ensure that we are on target, and if not if we should update revise at that point.

Very respectfully,

David

//SIGNED\\

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Do not follow where the path may lead.
Go instead where there is no path and leave a trail.

~Harold R. McAlindon



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May 9, 2013

Mr. Aaron Reinert
Chair, National EMS Advisory Council

Dear Aaron,

The National Association of Emergency Medical Technicians (NAEMT) appreciates the opportunity to comment on the draft document ***Education Agenda for the Future: A Systems Approach, Major Questions for Consideration, Proposed Answers for Discussion.***

NAEMT recognizes the need for all elements of the original *Education Agenda for the Future: A Systems Approach* to continue to evolve along with current and future educational and technological advances in EMS education. We also recognize the inherent difficulties in getting the broad range of EMS stakeholders to accept and implement the Agenda.

With respect to the draft, we would like to make the following observations and suggestions:

- Question 1. Consider adding: Revise and assess for special areas of concern based on recent implementation using national organizations.
- Question 2. We believe this should be an ongoing task based on current evidence-based practices. Examples: the use of backboards; inadequate psychiatric care; and the role of community paramedicine.
- Question 3. We believe national accreditation must follow a clear path – sweeping universal changes such as this often take time.
- Question 7. We fully support the concept that simulation plays an effective role given the significant access barriers to quality clinical educational experiences.

Please feel free to contact us if you have any questions about our comments. Again, thank you for the opportunity for NAEMT to provide input.

Sincerely,

Don Lundy
President, NAEMT

**National Registry of
Emergency Medical Technicians®**
THE NATION'S EMS CERTIFICATION™

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May 8, 2013

**The National EMS Advisory Council
C/o the Office of Emergency Medical Services
1200 New Jersey Ave., S.E., NTI-140
Washington, DC 20590**

Dear Sirs:

This letter is in response to the request for input issued by NEMSAC on ten identified areas. The intent is to provide concise and measured insight addressing each area to shape the direction of the resources, policy and the future of EMS. Lastly, the NREMT, as the Nations' EMS Certification is committed to ensuring excellence in patient care and public protection is central to policy decisions.

Item #1

Evaluating the implementation breadth of the EMS Education Agenda for the Future: A systems Approach (and linked documents) will provide key information on the current state of EMS in the Nation. This task is complex, multi-faceted and will prove to be resource intensive. However, establishing a target date to begin the assessment methodology formulation is achievable in the next five years.

Item #2

Updating Content, scope and standards on a national level reflecting current performance practice changes is a constant challenge in patient care. The challenge is adequately reflecting the multitude of providers, systems and settings in which care is provided. Establishing update intervals will provide opportunity to assess and clearly identify areas requiring update; as well as the basis of the requirement.

Item #3

Accreditation and National Certification provide singular standards which unite our Nations diverse EMS systems, its' providers and educational institutions. These standards create measurable uniformity and portability; standardization across the nation. Emphasis should be placed on enhancing implementation of accreditation and national certification (where necessary) while providing national updates on the state of the EMS. Establishing stable and reoccurring update intervals at five to seven years is a viable solution.

Item #4

Emphasis must be placed on assessing the current state of the EMS Agenda for the Future implementation. Subsequently, identification of the components which require revision to reflect current standards of care which are recognized and adopted at the national level (i.e. AHA, ILCOR). Narrowly framed updates provide for efficient use of resources at regular intervals; five to several years.

Item #5

NEMSAC and NHTSA should work in concert with organizations such as AHA, ILCOR, and ECC. Development of stand alone or separate functions by NHTSA and NEMSAC paralleling initiatives already undertaken is inefficient. Additionally, an evidence based approach, where evidence is available should be adopted.

Item #6

Assessment and analysis of international trends in EMS education, certification, systems configuration, and funding should be a separate document from the Agenda for the Future: A Systems Approach. International EMS perspective provides valuable but limited insight into the multitude of pathways to provide patient care. The complicating factor is the distinctive differences in societal, educational, political, fiscal, and legislation between comparators and the U.S. Lastly, to be of any operational utility the document must be comprehensive and updated every two years.

Item #7

Simulation should be considered as a viable, though limited, methodology for EMS initial and continuing education.

Item #8

Revisions that functionally update aspects of the Education Agenda for the Future: A Systems Approach (and linked documents) should be limited to patient care components. Changes of any kind have the potential for significant fiscal, political and legislative impact. NEMSAC and NHTSA must develop a defined update schedule allowing updates to occur at five-year intervals.

Item #9

Priority should be placed on establishing planned update intervals for these key documents. Secondly, ensuring aspects effecting patient care are identified and updated in an inclusive manner reflecting evidence based medicine approach. Consideration to fiscal impact of changes inclusive of training, equipment and material must be factored into updates.

Item #10

Agree.

Sincerely,



Severo Rodriguez, MS, NREMT-P
Executive Director